



CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

Fee must accompany application

Application received:
At least 60 days prior to event \$100.00
59 to 30 days prior to event \$150.00
29 to 14 days prior to event \$200.00
14 to 7 days prior to event \$250.00*
Less than 7 days prior to event \$300.00*
*Must be approved by City Manager or designee

Application must be filled out completely.

Please submit by EMAIL at least 60 days ahead of your planned event.

The application will be reviewed by our administrative staff to determine the following criteria:

1. Facility requested
2. Compliance with City ordinances
3. Special permits required
4. Charges your organization will incur when City assistance and/or services are required
5. Security requirements
6. Environmental Issues/effects on surrounding areas

PART I: EVENT REQUEST

Event name: Coral Ridge Association Easter Egg Hunt

Purpose of event (check one): Fundraiser Awareness Recreation Other Association Activity

Requested location: _____

Estimated daily attendance: 200

Requested dates and time of event:

	DATE	DAY	BEGIN	END
EVENT DAY 1:	<u>4/19/14</u>	<u>Saturday</u>	<u>12:00 AM</u> (PM)	<u>12:30 AM</u> (PM)
EVENT DAY 2:	_____	_____	_____AM/PM	_____AM/PM
EVENT DAY 3:	_____	_____	_____AM/PM	_____AM/PM
SETUP:	<u>4/19/14</u>	<u>Saturday</u>	<u>11:00</u> (M)PM	
BREAKDOWN:	<u>4/19/14</u>	<u>Saturday</u>		<u>1:00 AM</u> (PM)

Has this event been held in the past? Yes No

If yes, please list past dates and locations: Annual Egg Hunt - Saturday Before Easter

Detailed event description (include activities, entertainment, vendors, etc.):

Easter Egg Hunt for children.

PART II: APPLICANT

Organization name: Coral Ridge Association Inc
Address: 2133 Middle River Drive City, State, Zip: Fort Lauderdale FL 33305
Phone: 954-817-5734 Fax: 954-334-2251

Corporation name: _____
(as it appears in articles of Incorporation)

Date of Incorporation: 11/2/1961 State incorporated in: FL Federal ID #: 59-6152214

Two authorizing officials for the organization:
President: Christina A. Peterson Phone: 954-817-5734
Secretary: Melissa Carbonell Phone: 954-817-2604

Event Coordinator: Christina Peterson Will you be on-site? Yes No
Title: President Phone: 954-817-5734 Cell: Same
E-mail address: cpeterson@hojlaw.com Fax: 954-334-2251

Additional Contact: Jon Gundlach Will you be on-site? Yes No
Title: Vice President Phone: _____ Cell: 954 888-6369
E-mail address: jon.gundlach@att.net Fax: _____

Event production company (if other than applicant): _____
Address: _____ City, State, Zip: _____
Contact person: _____ Title: _____
Phone: (day) _____ (night) _____ (cell) _____
E-mail address: _____ Fax: _____

PART III: EVENT INFORMATION

Are you planning to charge admission? ___ Yes No
If yes, how much? \$ _____
Are you requesting to fence the event? ___ Yes No
Are you planning on having any type of concession? ___ Yes No
If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094.

Are you planning on selling alcoholic beverages? Yes No
If yes, how will the beverages be served? (Draft truck, cold plate, mini-bar, beer tub, table service, etc.)

Are you planning on serving free alcoholic beverages? Yes No
If yes, to whom will it be given? _____

Are you planning to have any type of amusement rides? Yes No
If yes, name of company: _____

What type of rides are you planning? _____
(All rides must be approved by the State of Florida Bureau of Fair Rides and all permits must be secured prior to opening. Contact Ron Jacobs at (850) 921-1530.

Are you planning to play or have music? Yes No
If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):

List the type of equipment you will use (speakers, amplifier, drums, etc):

Will you use any type of soundproofing equipment? Yes No

List the days and times music will be played: N/A

How close is the event to the nearest residence? 500 ft.

Will your event require road closings? Yes No
If yes, list requested streets and times in **detail**: _____

******PLEASE NOTE****** You are required to secure barricades and/or directional traffic signs for road closings. Please attach a layout of your traffic plan, including the placement and number of barricades, signs, directional arrows, cones, and message boards, as well as the name of the company you will be using. Your traffic plan must be approved by the Police Dept. which may terminate any event occurring without the proper use of barricades.

Will your road closings affect access to parking spaces or parking lots? Yes No
******PLEASE NOTE****** All road closings which result in loss of revenue from inaccessible parking spaces will be billed to the event organizer and must be paid in full before the event. Please call Dee Paris at 828-3771.

Will any recyclable materials be utilized at this event? Yes No
(Materials that can be recycled include all clean paper, cardboard, glass, plastic drink containers, aluminum cans, and milk or juice boxes.) Please refrain from the use of Styrofoam plates and cups.

Who will provide clean up services for garbage and recyclables? Coral Ridge Association

Contact Name: Christina Peterson Phone: 954-812-5734

******NOTE****** All grounds must be cleaned up **immediately** after completion of event. Recycling should be done at all City facilities and parks. Recycling may be provided by your organization, a private company or in some cases by the City of Fort Lauderdale. You are responsible for securing recycling services. Contact Janet Townsend at Jtownsend@fortlauderdale.gov or (954) 828-5956.

Will you require electricity? _____ Yes No

Events requiring electricity are the responsibility of the applicant. All permits must be obtained through the City's Department of Sustainable Development Building Services Division at (954) 828-5191 before setting up.

Company: _____ License #: _____

Name of electrician: _____ Phone: _____

PART IV: APPLICANT'S ACCEPTANCE

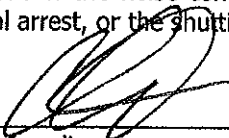
The information I have provided on this application is true and complete to the best of my knowledge.

Before receiving final approval from the City Commission, I understand that I (and the production company, if applicable) must furnish an original certificate of General Liability insurance naming the City of Fort Lauderdale as additionally insured in the amount of at least one million dollars (\$1,000,000) or greater as deemed satisfactory by the City Risk Manager, and an original certificate of liquor liability insurance in the amount of \$500,000 if alcohol is being served.

I understand that a Parks and Recreation sponsored activity has precedence over the above schedule and I will be notified if any conflicts arise.

I understand that the City of Fort Lauderdale Police Department will determine all security requirements and that EMS is required by City Ordinance to be onsite during all outdoor events.

I understand that the City has a noise ordinance. If at any time during the event it is determined by law enforcement personnel, code enforcement personnel, parks and recreation personnel, or any other city representative that the entertainment or music is causing a noise disturbance, I will be directed to lower the volume to an acceptable level as determined by City staff. If a second noise disturbance arises during the event, I may be directed to shut down the music or entertainment for the remainder of the event. I agree to abide by all provisions of the noise control ordinance and understand that my failure to do so may result in a civil citation, a physical arrest, or the shutting down of the event.



Name of applicant

Christian A. Peterson, President

Title

2/19/14

Date

Please **email** completed application at least 60 days ahead of your planned event to:

jmeehan@fortlauderdale.gov

Please mail the application fee (payable to the City of Fort Lauderdale) to:

Jeff Meehan, Outdoor Event Coordinator
1350 W. Broward Boulevard, Fort Lauderdale, FL 33312
Phone: (954) 828-6075 Fax: (954) 828-5650

Please include the following with the application:

- * **Event site plan -- including stage(s), other entertainment locations, activities, booths, restrooms, canopies, dumpsters, fencing, generators, etc.**
- * **Traffic/detour plan - including the placement and number of barricades, signs, directional arrows, cones, message boards, and name of the barricade and/or traffic signs company being used.**

FIRE DEPARTMENT QUESTIONNAIRE

PREVENTION

1. Are you planning to have canopies (no sides) for this event? ___ Yes No

How many and what sizes? _____

Name of Company: _____

A building permit is required. Please contact Capt. Bruce Strandhagen at 954-828-5080.

2. Are you planning to have tents (with sides) for this event? ___ Yes No

How many and what sizes? _____

Name of Company: _____

A building permit, exit signs, emergency lights, fire extinguishers, and "No Smoking" signs are required for tents. A fire watch at overtime rate may apply. Contact Capt. Bruce Strandhagen at 954-828-5080.

******PLEASE NOTE****** All permits required by the Florida Building Code must be obtained through the Building Department (including but not limited to electrical, structural, plumbing). Contact the Department of Sustainable Development Building Services Division at 954-828-6520.

3. Are you planning to have fireworks? ___ Yes No

Name of company conducting the show: _____

A permit is required for all pyrotechnics displays. Contact Capt. Wendy D'Agostino at 954-828-5884.

4. Are you having food vendors? ___ Yes No

How many and what kind? _____

A fire extinguisher is required for each food booth. If a propane tank is used for a fuel source, it must be secured on the outside of the booth. A Fire inspection is required for all food booths. If the inspection is during non-working hours the cost will be \$75 per hour.

OPERATIONS/EMS

Special Event Detail Guidelines:

- * One rescue unit/cart for 500 to 5,000 people in attendance (sustained attendance)
- * Two rescue units/carts for 5,000 to 10,000 people in attendance (sustained attendance)
- * One more rescue unit/cart per 5,000 additional people
- * One command person if two or more rescue units/carts are required

The number of rescue units and paramedics is determined according to attendance and other risk factors.

1. Does your event require EMS medical standby services based on the guidelines above? YES ___ NO

2. What is your estimated sustained attendance? 200

3. On-site contact? NAME Christina Peterson PHONE 954-817-5734

A minimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post event times (totaling 1.5 hours), allowing for travel and preparation for the event.

POLICE DEPARTMENT QUESTIONNAIRE

1. Does your event require use of police vehicles? Yes _____ No X

If yes, A Hold-Harmless Agreement must be signed and Liability coverage of a minimum of **ONE MILLION DOLLARS** must be provided.

2. Is this a new or previously held event? New _____ Previous X

If yes, Previous date(s)? Annual Event - Saturday before Easter

3. Any established security, traffic, or other appropriate plan(s)? Yes _____ No X

If yes, besides Fort Lauderdale Police, who will you be using for this plan?
(private security company, volunteers, etc.)

4. Do you have an established detail of off-duty officers? Yes _____ No X

If yes, who is your Police department contact?

5. Any notable entertainers or special circumstances scheduled for your event? Yes _____ No X

Who/What? _____

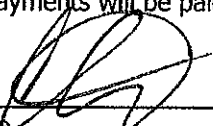
6. Is there alcohol being sold or given away? Yes _____ No X

7. Are there any road closures required? Yes _____ No X

If so what roads/intersections? _____

8. What is your estimated attendance? 200

I understand the off duty rate for Police personnel for ALL special events is calculated at a 3-hour minimum rate. I also understand there is a 24 hour cancellation requirement to avoid the 3 hour minimum payment per officer. The hourly rate and costs to be incurred by the event organizer will be quoted on the City of Ft. Lauderdale Special Events "Cost Estimate" worksheet developed at the Special Events logistics meeting and provided to the organizer. All payments will be paid within two (2) weeks of the payroll being submitted.


Name _____

2/19/14
Date _____